

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/581360 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* * *			* * *		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.		IND.	DEP.	
1							51						
2							52						
3							53						
4							54						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			1				TOTAL IND.						
TOTAL DEP.			23				TOTAL DEP.						
TOTAL CLAIMS			04				TOTAL CLAIMS						